

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000003424

1. Corporation Name

AEROGROUP RETAIL HOLDINGS, INC.

Principal Place of Business

Mailing Address

201 MEADOW RD.
EDISON NJ 08817

201 MEADOW RD.
EDISON NJ 08817

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1997

5. FEI Number

51-0364650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
GT P	DANDERLINE, RICHARD G Swett, Melissa A.	188 SAWMILL RD. 201 Meadow Rd.	SPARTA NJ 07871 Edison, NJ 08817
CEO VP	HUDSON, CHARLES JR Morris, Richard J.	252 DEERHAVEN DR. 201 Meadow Rd.	PONTE VEDRA BEACH FL 32082 Edison, NJ 08817
P Sec.	SCHNEIDER, JULES Z Cohen, Patrice F.	5 BOWLING GREEN 201 Meadow Rd.	COLTS NECK NJ 07722 Edison, NJ 08817
Trea.	Ulloa, Luis	201 Meadow Rd.	Edison, NJ 08817
Direc.	Schneider, Jules Z.	201 Meadow Rd.	Edison, NJ 08817
Direc.	Morris, Richard J.	201 Meadow Rd.	Edison, NJ 08817
Direc.	Patrice F. Cohen	201 Meadow Rd.	Edison, NJ 08817

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name
NationsCorp Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Ed. Harris, President

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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11/07/01--01005--004
***750.00 ***750.00
10/29/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

JACBS
SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(732) 645-4406